

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> LIBERTARIAN PARTY OF CALIFORNIA			<b>Date of This Filing</b> 04/08/2019	Date Stamp   Page 1 of 3	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (916)446-1776	<b>I.D. NUMBER</b> (if applicable) 1367692		<b>Report No.</b> 16		
<b>STREET ADDRESS</b>			<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 001 (explain below)		
<b>CITY</b> SACRAMENTO	<b>STATE</b> CA	<b>ZIP CODE</b> 95814	<b>No. of Pages</b> 3		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/06/2019	Chris Rufer Woodland, CA 95695-3491  Memo Reference: 1	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/CEO The Morning Star Company	\$3,475.00
04/06/2019 - 04/01/2019	Donavan Spencer Caspar, CA 95420  Memo Reference: 2	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician NUNYA	\$1,227.61
04/06/2019 - 04/07/2019	Nicholas Smith San Francisco, CA 94116  Memo Reference: 3	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Engineer Google Inc.	\$1,300.00

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

Corrected an amount

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<b>CITY</b> SACRAMENTO	<b>STATE</b> CA	<b>ZIP CODE</b> 95814	<b>No. of Pages</b> 3		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Corrected an amount

Memo Reference: 1

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Memo Reference: 2

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Memo Reference: 3

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